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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

673

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Pope		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Russelville 402nd		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MEDICAL CENTER FOR INSTITUTION Federal Prisoners		Length of stay in 1b 1 yr 27 days	d. STREET ADDRESS R.D. #1 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Glen Middle W. Last Almond			4. DATE OF DEATH Month July Day 21 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-1-25	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm work & odd jobs		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Atkins, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME James Almond		
14. MOTHER'S MAIDEN NAME Edna Stepp			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 5-9-43 to 8-20-47		
16. SOCIAL SECURITY NO. Unknown			17. INFORMANT FILE: MCFP Springfield, Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma, metastases, generalized DUE TO (c) Carcinoma of testicle PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None					INTERVAL BETWEEN ONSET AND DEATH 2 months 1 yr, 4 mos. 4 years
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) +++++			20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) +++++		
20f. CITY, TOWN, OR LOCATION COUNTY STATE			20g. CITY, TOWN, OR LOCATION COUNTY STATE		
21. attended the deceased from 6-24-55 to 7-21-56 and last saw him alive on 7-21-56 Death occurred at 9:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			22. SIGNATURE E. C. RINCK, M.D. Clinical Director		
22a. ADDRESS Medical Center For Fed. Prisoners, Springfield, Mo.			22c. DATE SIGNED 7-21-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/23/56	23c. NAME OF CEMETERY OR CREMATORY Unknown		23d. LOCATION (City, town, or county) (State) Russellville, Ark.
24. FUNERAL DIRECTOR Ayre-Goodwin		ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 7-23-56	
26. REGISTRAR'S SIGNATURE Edith Williamson					

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James W. Wain*

Licensed Embalmer No. *46*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.